



PSHSA.ca Public Services Health
& Safety Association

ENDING GENDER-BASED VIOLENCE IN ONTARIO WORKPLACES

Last Approved: February 2026

Evidence and Next Steps for Action



TERMS OF USE

By accessing or using these Public Services Health and Safety Association (PSHSA) resource materials, you agree to be bound by these terms and conditions.

Content: Please note that all information provided in this resource is general in nature and may not be appropriate for particular situations or circumstances. The resource is not intended to provide legal advice or replace the Occupational Health and Safety Act (OHSA), its regulations or other relevant legislation that may apply to your work setting. Under no circumstances shall Public Services Health and Safety Association (PSHSA) be responsible for any damage or other losses resulting from reliance upon the information given to you, and all such liabilities are specifically disclaimed to the full extent permitted by law.

Intent: The content within these resource materials is provided for educational and general informational purposes. It should not be considered as solicitation, endorsement, suggestion, advice or recommendation to use, rely on, exploit or otherwise apply such information or services.

Copyright: These resource materials and their content are protected by Canadian and international intellectual property laws, regulations, treaties and conventions. The content of this document, in whole or in part, may be reproduced without permission for non-commercial use only and provided that appropriate credit is given to PSHSA. No changes and / or modifications other than those required to reflect the utilizing organizations structure and terminology can be made to this document without written permissions from **PSHSA**. These Terms of Use must be retained and communicated in full on any permitted reproductions, disseminations and work products.

Other intellectual property rights: No permission is granted for the use of any other intellectual property right, including official marks or symbols, trademarks, logos, domain names or images.

ABOUT PSHSA

Public Services Health and Safety Association (PSHSA) provides occupational health and safety training and consulting services to various Ontario public sectors. These include healthcare, education, municipalities, public safety, and First Nations communities.

As a funded partner of the Ministry of Labour, Immigration, Training and Skills Development (MLITSD), we work to prevent and reduce workplace injuries and occupational diseases by helping organizations adopt best practices and meet legislative requirements. To create safer workplaces, employers and employees must work together to identify potential hazards and eliminate or control risks before injuries and illnesses occur.

PREPARED BY

The Public Services Health and Safety Association (PSHSA)

Product code: OWVRPAEN0326

IN COLLABORATION WITH

This project was made possible through funding from the Ministry of Children, Community and Social Services. We are grateful for their support and commitment to advancing efforts to address and prevent gender-based violence in Ontario workplaces.

We extend our sincere appreciation to our project collaborators:

- Adriana Berlingieri, PhD, Research Partner and Adjunct Professor, Centre for Research and Education on Violence Against Women and Children, Western University
- Heather Scott-Marshall, MSc, PhD, President and Scientific Director, Mission Research
- Lucas Marshall, Vice President, Mission Research

Their expertise, guidance, and collaborative spirit were essential to the development and success of this project.

We would also like to express our deep gratitude to the employers and workers from public sector workplaces across Ontario who generously shared their time, experiences, and insights. Their contributions were invaluable in shaping the evidence and perspectives presented in this work.

COPYRIGHT

These resource materials and their content are protected by Canadian and international intellectual property laws, regulations, treaties and conventions. The content of this document, in whole or in part, may be reproduced without permission for non-commercial use only and provided that appropriate credit is given to PSHSA. No changes and / or modifications other than those required to reflect the utilizing organization's structure and terminology can be made to this document without written permissions from PSHSA. These Terms of Use must be retained and communicated in full on any permitted reproductions, disseminations and work products.

OTHER INTELLECTUAL PROPERTY RIGHTS

No permission is granted for the use of any other intellectual property right, including official marks or symbols, trademarks, logos, domain names or images.

LIST OF ACRONYMS

Acronym	Full Term
DV	Domestic Violence
GBV	Gender-Based Violence
HR	Human Resources
IPV	Intimate Partner Violence
JHSC	Joint Health and Safety Committee
OHS	Occupational Health and Safety
TFHV	Technology-Facilitated Harm and Violence
TVIC	Trauma- and Violence-Informed Care
2SLGBTQI+	Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Additional Identities

Table of Contents

<i>LIST OF ACRONYMS</i>	4
EXECUTIVE SUMMARY	6
1. INTRODUCTION	7
2. METHODOLOGY	8
3. KEY FINDINGS	9
4. KEY THEMES	12
5. ANALYSIS	17
6. IMPLICATIONS FOR ACTION	18
7. TOOLKIT DEVELOPMENT FRAMEWORK	19
8. REFERENCES	20
9. APPENDIX A: GLOSSARY	25
10. APPENDIX B: EVIDENCE TABLE	30
11. APPENDIX C: TOOLKIT DEVELOPMENT FRAMEWORK	48

Executive Summary

Gender-based violence (GBV) in Ontario workplaces is a serious and preventable threat to worker safety, workplace culture, and organizational effectiveness. This project examined how GBV occurs in public sector workplaces, what supports exist, and where gaps remain. The goal was to provide evidence-based recommendations and practical tools to help workplaces move beyond compliance toward meaningful prevention and response. Definitions of key terms are provided in [Appendix A: Glossary](#).

The research drew on five sources: a scoping review of Canadian and international literature, a jurisdictional scan of laws and workplace tools, surveys of 600 employers and 65 workers, and two employer focus groups. Together, these methods provided a comprehensive picture of current practices, barriers, and opportunities for improvement.

Findings confirm that GBV is widespread and harms workplace safety and culture. While most organizations have policies, implementation often lags. Workers report uncertainty about how to disclose incidents and fear reprisal, and many workplaces lack anonymous reporting options. Training is common but inconsistent, often failing to incorporate trauma- and violence-informed care (TVIC) approaches. Technology-facilitated harm and violence (TFHV) is rising, yet policies and training have not kept pace. Marginalized workers including women, racialized workers, newcomers to Canada, and 2SLGBTQI+ individuals face greater risk and fewer culturally appropriate supports. Smaller workplaces also struggle with limited resources and capacity.

To address these gaps, workplaces need clear, actionable policies; safe and confidential reporting systems; practical, role-specific training; and sustained capacity-building. Responses must reflect intersectionality and adapt to emerging risks such as TFHV. The next phase of this project will deliver a practical toolkit with scenario and digital-based modules, visual aids, infographics, and other resources to help workplaces implement these changes.

1. INTRODUCTION

1.1. PROJECT DESCRIPTION

Gender-based violence refers to violence, abuse, or harassment directed at someone because of their sex or gender, and includes sexual harassment and domestic violence.

Gender-based violence (GBV) in the workplace is a serious problem. It affects worker safety, workplace culture, and organizational effectiveness. GBV includes behaviours such as sexual harassment, technology-facilitated harm and violence (TFHV), domestic violence (DV), and intimate partner violence (IPV). These forms of violence were once considered private matters. Today, we recognize they have a direct impact on workplaces, especially in the public sector where jobs often involve serving the public and working within strict hierarchies.

Research shows GBV in workplaces is widespread and evolving. Reports of workplace GBV have increased in recent years, not necessarily because incidents are rising, but because awareness, legal definitions, and reporting systems have improved.¹ In public sector workplaces, formal structures such as clear chains of supervision, documented procedures, and oversight of complaint processes, can make incidents more likely to be recorded and therefore more visible in organizational data.^{2, 3} Digital and hybrid work arrangements have also created additional spaces for harassment, emerging as a significant concern.

Among Ontario public sector employers, 85% identify GBV as a workplace issue with 71% reporting negative impacts on productivity and workplace culture, and 45% cite fear, stigma, or intimidation as barriers to reporting GBV. Workers echo these concerns with 69% reporting that GBV is an issue affecting workers in their workplace. However, 29% are unsure if reporting procedures exist, 58% fear retaliation, and 34% worry about confidentiality. Training exists but is often passive and not often enough, leaving gaps in trauma- and violence-informed care (TVIC) and culturally responsive practices.

Our research also highlights intersectional vulnerabilities. Across data sources, women, racialized workers, new Canadians, and 2SLGBTQI+ workers identified as facing added barriers and having greater support needs when dealing with GBV in the workplace. Employers noted higher support needs among these groups, and workers reported gaps in access to tailored or culturally appropriate supports, identity affirming referrals, and multilingual options. These patterns show that overlapping identities can shape how workers experience GBV and how easily they can access help.

Addressing GBV requires moving beyond compliance toward proactive strategies that build trust, ensure accountability, and reflect the realities of today's workplaces. This report explores those challenges and opportunities, drawing on survey and focus group findings from employers and workers across Ontario's public sector, as well as a scoping review and jurisdictional scan of the literature.

1.2. PROJECT SCOPE

Building on this context, the project will deliver resource toolkits to prevent and respond to GBV in the workplace across Ontario’s public services sector. These toolkits are the outcome of extensive information gathering and analysis, including a scoping review of Canadian and international sources, jurisdictional scan, worker survey, employer survey, and employer focus groups.

These activities provided critical insights into current gaps, emerging challenges, and best practices, ensuring the toolkits are evidence-based and responsive to real workplace needs.

The project objectives were to:

1. Identify existing frameworks, practices, risk factors, and trends.
2. Find gaps and opportunities for innovation.
3. Understand worker and employer experiences and areas where support is needed.
4. Use these insights to shape the toolkit components.

This comprehensive approach sets a new standard for preventing workplace violence and harassment, and creating environments where all workers can thrive.

2. METHODOLOGY

We used five complementary data sources to provide a broad, evidence-based picture of GBV in Ontario’s public sector. Using multiple methods allowed us to compare findings across research, policy, and lived experience. See Table 1 for a summary of our methods.

TABLE 1. OVERVIEW OF THE RESEARCH ACTIVITIES AND THE INSIGHTS THEY PROVIDED:

Method	Description	Key Outputs
Scoping Review	Reviewed 82 Canadian and international sources (post 2015), including academic research and public sector guidance.	Identified risk factors, reporting barriers, high-risk groups, and emerging issues (for example, TFHV).

Jurisdictional Scan	Analyzed 64 policies, laws, and workplace tools from Canada and selected international jurisdictions.	Highlighted best practices and gaps relevant to GBV prevention and response in Ontario’s public sector.
Worker Survey	An anonymous online survey of 65 public sector workers.	Provided insights on GBV prevalence and experiences, awareness of supports, and training needs.
Employer Survey	An anonymous online survey of 600 employers across healthcare, public safety, education, and government sectors.	Insights on current policies, organizational readiness, training, and implementation challenges.
Employer Focus Groups	Two focus groups with 8 employers.	Identified practical considerations for policy effectiveness, reporting systems, and emerging challenges.

LIMITATIONS

Survey and focus group participation was voluntary, so the results reflect the views of those who chose to respond and are not representative of all workers or workplaces. The jurisdictional scan and literature review relied on publicly available sources, which may not capture every policy or practice. These factors were considered when interpreting findings.

3. KEY FINDINGS

This section summarizes descriptive findings from PSHSA’s three primary data collection activities: the employer survey, the worker survey, and the employer focus groups. The points present results only, with no interpretation. Key findings are also summarized in [Appendix B: Evidence Table](#).

3.1. HOW COMMON GBV IS IN WORKPLACES

- 85% of employers reported that GBV is a workplace issue.
- 69% of workers reported that GBV affects workers in their workplace.

- In the past 12 months, 22% of workers reported witnessing GBV in their workplace.
- In the past 12 months, 22% of workers reported witnessing or being aware of sexual harassment, and 39% reported witnessing or being aware of TFHV in their workplace.
- In the past 12 months, 34% of workers heard about sexual harassment, 27% heard about GBV, and 39% heard about TFHV in their workplace.

3.2. WORKPLACE IMPACT

- 71% of employers reported negative impacts of GBV on productivity and workplace culture.
- 49% of workers said that GBV negatively affects workplace culture.

3.3. POLICIES AND SUPPORTS

- 93% of employers said that implementation of formal GBV policies is essential.
- 80% of employers reported having GBV specific policies or programs and 83% reported having harassment or violence policies.
- 51% of workers reported access to personalized safety planning and 48% of workers reported access to accommodations (for example, modified duties, flexible hours).
- 37% of workers believe their workplace has formal policies or practices in place around outcomes and follow-up actions after GBV-related investigations.
- Employers described modifying policies to address GBV involving intimate partners and developing individualized safety plans.
- Employers described privacy as a challenge when safety planning and noted that GBV policies are often not actively communicated

3.4. TRAINING

- Up to 84% of employers reported providing GBV-related training.
- 41% of workers said training is comprehensive or trauma-informed, while 36% reported receiving GBV-related training.
- 33% of workers reported no training in the past two years.

- Employers described training as completing a certificate without addressing protection after reporting.
- Employers described scenario-based and role-specific training as more engaging than passive e-learning.

3.5. REPORTING EXPERIENCES

- 58% of workers reported fear of retaliation and distrust of leadership or HR as barriers to reporting.
- 38% of workers reported unclear steps as a barrier to reporting.
- 34% of workers reported confidentiality concerns as a barrier to reporting.
- 29% of workers were unsure whether reporting procedures exist.
- 45% of employers identified fear, stigma, or intimidation as barriers to reporting.
- 30% of employers reported not having safe or anonymous reporting mechanisms.
- Employers described reporting as influenced by fear of job loss.
- Employers described privacy and confidentiality constraints affecting what can be shared when GBV extends beyond the workplace.

3.6. RISK ASSESSMENT AND SAFETY PLANNING

- In the past three years, 74% of employers have conducted a risk assessment related to sexual harassment, 64% conducted a risk assessment related to DV, and 62% conducted a risk assessment related to IPV.
- 65% of workers reported that their workplace tracks risk factors.
- 31% of workers reported access to GBV-related safety planning.
- Smaller workplaces were less likely to conduct comprehensive assessments of IPV or DV.
- Employers described risk assessment as complaint-driven.
- Employers described using a range of safety measures such as schedule changes, buddy systems, enhanced monitoring, and coordination with police/community partners.

3.7. TECHNOLOGY-FACILITATED HARM AND VIOLENCE (TFHV)

- 46% of workers reported that their workplace has TFHV policies or programs.
- 61% of employers reported TFHV incidents.
- In the past year, 39% of workers reported witnessing TFHV at work and 39% reported hearing about TFHV at work.
- Employers described GBV shifting online.
- Employers described limited control and privacy constraints when harassment extends beyond the workplace into digital spaces.

3.8. GREATER RISK, FEWER SUPPORTS FOR MARGINALIZED WORKERS

- 85% of employers identified greater support needs among women, and 81% identified the same pattern for racialized and new Canadian workers.
- 28% of workers reported access to culturally appropriate supports, 25% reported access to culturally specific or identity affirming referrals, and 0% reported multilingual options for training or reporting.

4. KEY THEMES

The analysis integrates findings from all five data sources—the scoping review, jurisdictional scan, worker survey, employer survey, and employer focus groups. Together, these sources show a consistent pattern: GBV is a significant workplace safety issue across Ontario’s public sector, and current systems do not consistently prevent harm or support workers when incidents occur.

The themes below summarize the key patterns across the full body of evidence and highlight where risks are concentrated and where improvements are more urgently needed.

4.1. POLICIES EXIST, BUT IMPLEMENTATION LAGS

Many employers report having GBV policies and violence or harassment policies, but implementation is uneven. Smaller and non unionized workplaces have fewer policies and weaker monitoring, including limited outcome tracking after investigations.

Policies often require modification after incidents, and privacy challenges complicate offsite situations. Fear of retaliation and distrust of leadership or HR further weaken reporting. As one government employer noted, “We have this gender-based violence policy, but it is in the background and not talked about... People are not that interested and confident about what the policy says... it’s not getting translated from the top to resonate with people... That is the big challenge.” [Focus group participant]

Jurisdictional standards are uneven, with provinces and territories differing in paid leave entitlements for violence-related absences. Sector specific tools exist but are inconsistently applied, and misclassification occurs. For example, an Ontario hospital labeled a sexual assault case as harassment, failing to conduct a violence risk assessment or inform workers of the danger.⁴

Employers noted that external regulatory bodies such as professional colleges often guide reporting and policy interpretation, while internal processes remain unclear and difficult to navigate. Overall, gaps between formal policy and day-to-day practice stem from unclear steps, limited transparency, and inconsistent communication.

4.2. RISK ASSESSMENT IS INCONSISTENT AND REACTIVE

Many employers conduct some form of GBV risk assessment, but coverage and consistency vary across organizations. Unionized workplaces are more likely to complete full assessments, while smaller workplaces complete fewer and often focus only on specific situations. Healthcare settings more often integrate GBV into broader workplace violence assessments than other sectors.

“Our focus is kind of reactive... Somebody has to actually submit something, then there’s the reaction.”

- Government employer, focus group participant

A cross organizations, GBV risk assessment and reporting processes typically take place after an incident is reported instead of preventing harm in advance.

Smaller workplaces rely on flexible, case-by-case approaches because staffing and HR infrastructure are limited. Larger employers use standardized processes that can prioritize compliance rather than early prevention however these are inconsistently applied at the frontline.

Remote and digital risks are rarely reflected in assessments, even as these risks increase. Policy and legislative guidance have not kept pace with TFHV and hybrid work, and capacity constraints in both small and

large organizations affect how consistently assessments are carried out. In practice, employers vary their approach based on worker context, available protections, and privacy considerations.

4.3. REPORTING SYSTEMS FAIL DUE TO FEAR AND UNCLEAR PROCESSES

Having a reporting system does not mean workers feel safe using it. Many workers described fear, stigma, or intimidation as barriers to reporting, as well as uncertainty about the reporting steps and how their personal information would be handled. Workers also face unclear steps and confidentiality concerns, and many are unsure whether reporting procedures even exist.

“People hardly report it [GBV] because they are afraid they will lose their job...”

- Healthcare Employer, focus group participant

Smaller workplaces face added challenges because it is harder to maintain confidentiality in close working environments. Power dynamics and fears about job security can discourage workers from bringing concerns forward. Employers also said that privacy rules limit what they can share when situations involve offsite or digital contexts, which can make the process feel unclear to workers.

Migrant and newcomer workers experience additional barriers, such as language difficulties and concerns about

retaliation or immigration status.⁵⁻⁷ Available reporting systems rarely include translation, interpretation supports, or identity specific options.⁷⁻⁹ Monitoring data are seldom disaggregated, which makes it difficult to understand who is most affected or whether supports reach these groups.¹⁰ Workers said they would be more likely to report if the process felt confidential, anonymous, or separate from direct supervisors.

4.4. TECHNOLOGY-FACILITATED HARM AND VIOLENCE (TFHV) IS RISING, AND POLICIES AND TRAINING MUST CATCH UP

TFHV is becoming more common, and while many workplaces have related policies, policies and training do not consistently address online risks or keep pace with emerging forms of harm. In our employer survey, 44% identified the shift of harassment and abuse to digital platforms as an emerging issue. Workers also described witnessing or hearing about incidents of TFHV, and employers reported harassment through digital channels.

“GBV is now moving from in-person... and now it’s moving online, and it’s moving rapidly.”

- Healthcare Employer, focus group participant

Remote and hybrid work has intensified exposure. Many workers receive unwanted sexual messages while working from home, and some incidents now occur outside traditional workplace environments.¹¹ When harassment reaches workers at home through personal devices, many feel trapped and unable to escape.¹¹

Guidance now acknowledges harassment in virtual work settings and emphasizes adapting policies to digital contexts, and Canadian workplace resources also highlight the need to support workers experiencing TFHV through practical privacy and digital safety measures.^{12, 13}

Sectoral differences are evident. Public safety employers report higher rates of TFHV than healthcare, education, or government. Organizations across sectors are still adapting their policies, risk assessment practices, and training approaches to reflect the realities of remote and hybrid work.¹² Additionally, TFHV is often harder to detect and frequently occurs outside employer-controlled platforms, making it challenging for organizations to monitor and respond effectively.

4.5. TRAINING EXISTS, BUT QUALITY AND ACCOUNTABILITY

DETERMINE IMPACT

“Adequate training means you come online, you do a certificate...but [where] we really have a problem is protection when someone reports.”

- Healthcare Employer, focus group participant

Most employers provide some form of GBV-related training. However, its usefulness depends on relevance, consistency, and accountability. Many workers described training as infrequent or limited, and employers noted that sessions often focus on meeting requirements rather than building practical skills.

Supervisors, HR staff, and managers are more likely to receive GBV-related training than frontline workers, and many workers remain unsure about how to apply policies in real situations. Employers also described training as a one time exercise rather than reinforced through ongoing learning opportunities.

Employers described scenario-based and role specific training as more engaging than passive eLearning. Workers said training is more effective when it is practical,

trauma-informed, and tailored to specific roles. They emphasized the value of real-world scenarios, opportunities to practice responses, and clear guidance on what happens after a disclosure.

Existing literature also notes that online and hybrid work environments require updated approaches, including clear expectations for preventing and addressing harassment in virtual settings.^{12, 14} Regular refreshers, visible leadership support, and consistent follow through help reinforce learning and enable workers to use policies when needed.

4.6. LIMITED CAPACITY UNDERMINES PREVENTION

Workplaces often lack the staff, systems, and expertise needed to prevent and manage GBV effectively. Many employers described limited internal expertise and inconsistent access to necessary resources for frontline workers in public facing sectors.

Small and non unionized employers reported having fewer formal structures in place and weaker systems for tracking outcomes. Smaller organizations tend to modify policies reactively because internal capacity is low, rather than maintaining proactive prevention strategies. Many rely on community partnerships to fill gaps that would otherwise require dedicated staff or specialized internal roles.

Employers also noted that financial constraints slow improvement efforts. As one healthcare employer explained, “Cost is always at the forefront... Every time we want to change training or policies, the question is what will it cost.” [Focus group participant] This reflects how budget limitations directly restrict the ability to sustain prevention activities, update processes, or strengthen support systems.

Weak data collection processes and limited digital infrastructure also undermine prevention.^{10,15} Evidence shows gaps such as few secure e-reporting channels, limited use of dashboards, minimal privacy preserving analytics, and uneven monitoring systems.^{10,15} These gaps contribute to inconsistent follow through and create risks for survivor protection.^{10,15} Gaps in capacity described by employers in our study, including tight budgets, limited HR capacity, and a lack of dedicated positions, make prevention dependent on individual effort rather than sustained institutional capacity. The literature also identifies similar capacity limitations and inconsistent follow through at the systems level.^{10,15}

4.7. MARGINALIZED WORKERS FACE GREATER RISK AND FEWER SUPPORTS

Workers who experience intersectional forms of marginalization, including women, racialized people, 2SLGBTQI+ people, Indigenous Peoples, new Canadians, and people with disabilities, face higher exposure to GBV and fewer supports.¹⁶ In our study, three in four employers reported that women have a greater need for or higher uptake of GBV supports, and the same pattern was identified for racialized workers and new Canadians.

“If I’m a woman who is disabled... or racialized and queer... that adds to the spectrum of impacts.”

- Government Employer, focus group participant

National data further show that 43% of Indigenous women, 35% of racialized women, and 34% of immigrant women have experienced workplace harassment or sexual assault. Rates are higher among lesbian, gay, or bisexual women, with 76% reporting such experiences, and among women with disabilities, 58% have been harassed or sexually assaulted at work.¹⁷

Support options do not match need. In our study, only a portion of workers reported access to culturally appropriate supports, disability accommodations, or 2SLGBTQI+ outreach, and none reported multilingual options. Employers confirmed that only a portion offer

culturally or identity-specific referrals. Large public sector organizations tend to rely on standardized supports that may miss overlapping identity needs, while smaller workplaces rely on ad hoc approaches.

Vulnerabilities also differ across groups. Women, racialized people, and new Canadians face greater online harassment yet have limited access to culturally relevant supports.^{7, 16} Systemic barriers reduce access to protection and support. These include the limited visibility of newcomers in policy, language obstacles, fear of retaliation, and inadequate data tracking.^{5-10, 18}

5. ANALYSIS

GBV remains a significant and preventable threat to safety, trust, and equity in Ontario’s public sector. While most workplaces have policies, training, and reporting mechanisms, barriers such as unclear steps, fear of retaliation, and uncertainty after disclosure limit their use. Gaps persist between written policy and everyday practice, with incomplete coverage of digital and off-site risks and limited proactive prevention.

Responses are often reactive, with risk assessments and policy reviews occurring after incidents rather than anticipating them. Reporting improves when processes are confidential, anonymous, and independent of direct supervisors. Frontline workers, many of whom are women, experience some of the highest rates of GBV, and employers identified racialized workers, new Canadians, people with disabilities, Indigenous workers, and 2SLGBTQI+ workers as facing added barriers. Smaller workplaces report limited HR capacity and tight budgets, contributing to inconsistent follow-through.

Workplaces are positioned for coordinated improvement. Impact depends on clear implementation, trusted reporting, practical training, and sustained capacity, especially as GBV increasingly occurs in digital and off-site contexts.

6. IMPLICATIONS FOR ACTION

First, move from compliance to consistent implementation. Policies need to work in everyday practice. As per best practices, workplaces should have comprehensive and well-communicated policies that set out roles and responsibilities, prevention measures, reporting options, investigation steps, supports, and protections against reprisal.¹⁹ Within that, make reporting steps and timelines clear and include strong anti-reprisal protections. Share what reviews found and what changed so workers can see issues are addressed.

Second, build and sustain capacity. Smaller and non unionized workplaces often have limited staff and resources, and all workplaces struggle to keep efforts consistent over time. Make investments in GBV prevention and response and assign clear responsibility to dedicated roles with proper training, such as TVIC knowledge and skills. These roles should focus on maintaining policies, delivering training, and connecting with community partners for supports, risk assessments, and safety planning. Provide practical tools and shared services to help smaller workplaces meet standards and set minimum expectations for prevention activities to ensure a collective effort rather than an individual one.

Third, strengthen reporting systems. Reporting needs to feel safe and straightforward. Make pathways easy to find and explain what happens after a report—what steps will be taken, how long it will take, and what supports are available. Offer confidential and anonymous options that are separate from direct supervisors whenever possible. Track and share basic information, such as how many reports were made and how quickly they were addressed, to build trust and show accountability.

Fourth, improve training so it is relevant and consistent. Training should be practical, trauma and violence-informed, and tailored to specific roles. Use real-world scenarios and prioritize frontline staff and supervisors. Make it a regular requirement, such as at onboarding and through annual refreshers, and check whether it's working by monitoring participation and outcomes. Avoid one time, generic sessions. Ongoing, practical training builds confidence and helps people apply policies when needed.

Finally, recognize intersectionality and target supports. Collect and use data to understand how risks and barriers differ by role, setting (for example, frontline, administrative, public-facing, remote, or isolated work), and identity factors such as gender, race, disability, sexual orientation, and newcomer status. Work with community organizations to link victims to specialized services like counselling, legal advice, and multilingual supports and interpretation to reduce language barriers and make supports accessible to everyone.

7. TOOLKIT DEVELOPMENT FRAMEWORK

To translate these findings into practical action, a preliminary set of tools has been mapped to the main evidence gaps and the key areas of [Ontario's action plan to end gender-based violence](#). This framework outlines what types of tools will be developed, who they are intended for, and which findings they address. Refer to [Appendix C: Toolkit Development Framework](#) for a summary of proposed tools.

The goal is to ensure that each tool responds directly to a documented barrier or need and is clear, practical, and easy to use.

Each resource will:

- Provide step-by-step support for users with limited time or technical background
- Be adaptable across public sector settings
- Use culturally appropriate and TVIC aligned language

8. REFERENCES

1. United Nations. More than 1 in 5 worldwide suffering from violence at work: ILO. December 5, 2022. <https://news.un.org/en/story/2022/12/1131372>
2. Organisation for Economic Co-operation and Development. Breaking the Cycle of Gender-Based Violence. OECD Publishing; 2023. doi:10.1787/B133E75C-EN
3. Nelson S, Ayaz B, Baumann AL, Dozois G. A gender-based review of workplace violence amongst the global health workforce: a scoping review of the literature. PLOS Global Public Health. 2024;4(7):e0003336. doi:10.1371/JOURNAL.PGPH.0003336
4. Ontario Labour Relations Board. Ontario Nurses' Association v A Director under the Occupational Health and Safety Act. (2025). <https://canlii.ca/t/k9q22>
5. Maitreyi M, Aspinall M. Understanding Barriers to Accessing Legal Support for Family Violence faced by Immigrant, Refugee and Non-Status Women in Canada. Family Violence and Family Law Brief. 2025;(35). <https://fvfl-vfdf.ca/briefs/Briefs%20PDF/Issue-35---A2A-Brief-35-EN.pdf>
6. Huang G, Friedman Levin C, Hidalgo R, et al. Immigrant Survivors Fear Reporting Violence. Tahirih Justice Center; 2019. <https://www.tahirih.org/wp-content/uploads/2019/06/2019-Advocate-Survey-Final.pdf>
7. Access Alliance. Policy Scan: Canadian Policies and Initiatives on Newcomer Gender-Based Violence 2010-2023. 2023. https://accessalliance.ca/wp-content/uploads/2022/12/DV-Policy-Scan-Brief_.pdf
8. Chadambuka C, Essue B. A policy review on the visibility of migrant women exposed to, and at risk of gender-based violence: Considerations for inclusive and equitable policies and programs in Canada. PLOS Global Public Health. 2024;4(2):e0002919. doi:10.1371/JOURNAL.PGPH.0002919
9. Chadambuka C. Policies to support migrant women experiencing gender-based violence: Gaps and opportunities. Learning Network Backgrounder. Preprint posted online May 1, 2025. <https://www.gbvllearningnetwork.ca/our-work/backgrounders/Policies%20to%20Support%20Migrant%20Women%20Experiencing%20Gender-Based%20Violence/index.html>
10. Global Health 50/50. Sex-disaggregated monitoring and evaluation data: Walking the talk on evidence? <https://global5050.org/sex-disaggregated-monitoring-and-evaluation-data-walking-the-talk-on-evidence/>

11. Heintz L. Workplace sexual harassment still a problem in Alberta, despite rise in remote work. CityNews. August 2, 2023. <https://calgary.citynews.ca/2023/08/02/alberta-remote-work-sexual-harassment/>
12. Skawinski D. Addressing harassment in virtual work settings: Insights from the 2024 EEOC enforcement guidance. Employment Practices Solutions. Published online June 17, 2024. <https://www.epspros.com/news-resources/white-papers/2024/addressing-harassment-in-virtual-work-settings-insights-from-the-2024-eeoc-enforcement-guidance.html>
13. Tech Safety Canada. You Have the Right to Use Tech Safely. Women's Shelters Canada. 2026. <https://techsafety.ca/for-survivors>
14. U.S. Equal Employment Opportunity Commission. Promising Practices for Preventing Harassment in the Federal Sector. <https://www.eeoc.gov/federal-sector/reports/promising-practices-preventing-harassment-federal-sector>
15. Canada Border Services Agency. Audit of harassment management: Section 1. Government of Canada. May 28, 2024. <https://www.cbsa-asfc.gc.ca/agency-agence/reports-rapports/ae-ve/hm-gh/2022/audit-verification-eng.html>
16. Women and Gender Equality Canada (WAGE). Fact sheet: Intimate partner violence. Government of Canada. August 5, 2025. <https://www.canada.ca/en/women-gender-equality/gender-based-violence/intimate-partner-violence.html>
17. Statistics Canada. Gender Results Framework: A New Data Table on Workplace Harassment. 2024. <https://www150.statcan.gc.ca/n1/daily-quotidien/240212/dq240212a-eng.htm>
18. Bigras-Dutrisac H, Berlingieri A, McFadyen ND, MacQuarrie BJ. Exploring the Intersections of Sexual Violence and Precarious Work: A Literature Review. Centre for Research and Education on Violence Against Women and Children (CREVAWC); 2020. https://www.learningtoendabuse.ca/research/national_survey_on_harassment_and_violence_at_work_in_canada/plain_text_documents/exploring_the_intersections_of_sexual_violence_and_precarious_work_a_literature_review.html
19. MacQuarrie B, Berlinieri A, Clerke AS, Mrewa L. Best and promising practices to end gender-based harassment and violence at work: A multi-pronged approach. https://www.itsnotpartofthejob.ca/_files/ugd/0deb55_71c7470d6fd14321a19aa16b84bb2be6.pdf
20. Canadian Human Rights Act, RSC 1985, c H 6. Government of Canada. <https://laws-lois.justice.gc.ca/eng/acts/h-6/FullText.html>

21. Occupational Health and Safety Act, RSO 1990, c O.1. Government of Ontario.
<https://www.canlii.org/en/on/laws/stat/rso-1990-c-o1/latest/rso-1990-c-o1.html>
22. Statistics Canada. Immigrant. Government of Canada. December 20, 2023.
<https://www23.statcan.gc.ca/imdb/p3Var.pl?Function=Unit&Id=85107>
23. Government of Canada. 2SLGBTQI+ terminology – Glossary and common acronyms. September 17, 2024. <https://www.canada.ca/en/women-gender-equality/free-to-be-me/2slgbtqi-plus-glossary.html>
24. Sexual Violence and Harassment Action Plan Act, 2016, SO 2016, c 2. Government of Ontario.
<https://www.canlii.org/en/on/laws/astat/so-2016-c-2/latest/so-2016-c-2.html>
25. Wathen CN, Varcoe C. Trauma and Violence-Informed Care: Prioritizing Safety for Survivors of Gender-Based Violence. 2019.
26. Library of Parliament. Legislative Summary of Bill C-65: An Act to Amend the Canada Labour Code (Harassment and Violence), the Parliamentary Employment and Staff Relations Act and the Budget Implementation Act, 2017. 2018.
https://lop.parl.ca/sites/PublicWebsite/default/en_CA/ResearchPublications/LegislativeSummaries/421C65E
27. Canadian Centre for Occupational Health and Safety. Violence and harassment in the Workplace - Intimate Partner and Family Violence. 2024.
https://www.ccohs.ca/oshanswers/psychosocial/violence/violence_domestic.html
28. International Finance Corporation. IFC's gender and infrastructure toolkit. <https://ifcsia.org/infra-gender-toolkit/tool-suite-4/>
29. Buxton A. Understanding gender-based violence in critical mineral mining. 2025.
<https://www.iiied.org/22610iiied>
30. ICMM. Handling and Resolving Local-level Concerns and Grievances: Human rights in the mining and metals sector. 2019. <https://www.icmm.com/en-gb/guidance/social-performance/2019/grievance-mechanism>
31. Havaei F, MacPhee M, Ma A. Workplace violence among British Columbia nurses across different roles and contexts. *Healthcare*. 2020;8(98). doi:10.3390/healthcare8020098
32. CADTH. Evidence Summary: Interventions to Address and Prevent Violence towards Health Care Workers in the Emergency Department. <https://www.cda->

[amc.ca/sites/default/files/attachments/2021-09/interventions_prevent_violence_towards_health_care_workers.pdf](https://www.amc.ca/sites/default/files/attachments/2021-09/interventions_prevent_violence_towards_health_care_workers.pdf)

33. Santor D, Bruckert C, McBride K. Facing the Facts: The Escalating Crisis of Violence against Elementary School Educators in Ontario. 2019.
34. Women and Gender Equality Canada (WAGE). Mid-Term Evaluation: Canada's Strategy to Prevent and Address Gender-Based Violence. 2023. <https://www.canada.ca/en/women-gender-equality/transparency/evaluation-reports/mid-term-evaluation/mid-term-evaluation-full-report.html>
35. OPSEU/SEFPO. Violence and Harassment at Work. 2024. https://opseu.org/wp-content/uploads/2024/10/Violence-and-Harassment-at-Work_FOR-PRINT_96-pages.pdf
36. AMAPCEO. AMAPCEO Submission to the OPS Inclusive Workplace Policy and Program Review. 2020. <https://amapceo.on.ca/system/files/assets/2023-01/AMAPCEO-Submission-to-OPS-Inclusive-Workplace-Policy-and-Program-Review-11-20-2020.pdf>
37. Government of Ontario. Independent external review of complex WDHP cases. <https://www.ontario.ca/page/independent-external-review-complex-wdhp-cases>
38. Bowlus AJ, MacQuarrie BJ. Pilot Survey of Prevalence and Costs of Intimate Partner Violence in the Workplace. 2022. <https://www.learningtoendabuse.ca/research/docs/pdfs/Report-IPV-PilotSurvey-2022-web.pdf>
39. Government of Canada. Directive on the prevention and resolution of workplace harassment and violence. January 1, 2021. <https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32671>
40. Affiliation of Multicultural Societies and Service Agencies of BC. Gender-Based Violence and Harassment: Creating Safer Workplaces and Communities. 2019. www.amssa.org/resources/Infosheet.
41. Medhekar A, Vaccaro I. Service Barriers for Immigrant Women Facing Domestic Violence. 2014. <https://rvlaw.ca/PDF/Service-Barriers-for-Immigrant-Women-May-29-13.pdf>
42. Centre for Research and Education on Violence Against Women and Children. Barriers to reporting or disclosing violence and seeking help for immigrant and refugee women. <https://www.gbvlearningnetwork.ca/our-work/infographics/barrierstoreporting/index.html>
43. Gouliquer L, Poulin C, McWilliams J. Othering of full-time and volunteer women firefighters in the Canadian fire services. *Qualitative Sociology Review*. 2020;16(3):48-69. doi:10.18778/1733-8077.16.3.04

44. Government of Ontario. Independent External Review of Complex WDHP Case. 2022.
<https://www.ontario.ca/page/independent-external-review-complex-wdhp-cases>
45. NationTalk. Ontario Implementing New Indigenous Training and Education Requirements. 2016.
<https://nationtalk.ca/story/ontario-implementing-new-indigenous-training-and-education-requirements>
46. Anti-Racism Directorate. Ontario Public Service Anti-Racism Policy. Government of Ontario; 2025.
<https://www.ontario.ca/page/ontario-public-service-anti-racism-policy>
47. Peterson K, McCleery E, Helfand M. Evidence Brief: The Effectiveness of Mandatory Computer-Based Trainings on Government Ethics, Workplace Harassment, or Privacy and Information Security-Related Topics. U.S. Department of Veterans Affairs. 2014.
<https://www.hsrd.research.va.gov/publications/esp/mandatory-training.cfm>

9. Appendix A: Glossary

Disclosure

When a worker tells someone in the workplace (for example, a supervisor, manager, HR/OHS, union representative, or designated contact) that they have experienced or witnessed harassment, abuse, or violence. A disclosure may be informal and does not automatically start the formal reporting process, but should lead to information about available supports and next steps.

Discrimination

An action, behaviour, decision, or omission that treats a person or group unfairly or badly due to personal traits protected under the Canadian Human Rights Act. ²⁰

Domestic Violence

Harmful actions, behaviours, threats, or patterns of behaviour within a family or intimate relationship that cause physical, emotional, psychological, or sexual harm, or make someone fear for their safety. It includes physical assault, damage to property, forced confinement, sexual violence, threats, financial abuse, and repeated behaviours, such as following, contacting, observing, or recording someone, that create fear or control. Also used interchangeably with Intimate Partner Violence. See also: Intimate Partner Violence.

Employer

A person who employs one or more workers or contracts for the services of one or more workers and includes a contractor or subcontractor who performs work or supplies services and a contractor or subcontractor who undertakes with an owner, constructor, contractor or subcontractor to perform work or supply services. ²¹

Employee

See also: *Worker*.

Frontline Work

Work performed in roles that involve direct, regular interaction with the public, clients, or service users, or that place workers in immediate, day-to-day operational environments where risks, demands, and safety concerns are highest. Frontline work typically includes duties carried out in public facing, service providing, or high-risk settings, such as healthcare, public safety, emergency response, education, community services, inspection and enforcement roles, and other positions where workers engage directly with people or situations as part of core service delivery. These workers often face greater exposure to violence, harassment, abuse, trauma, and operational pressures, and may require tailored training, reporting pathways, and supports.

Gender-Based Violence

Violence, abuse, or harassment directed at someone because of their sex or gender, and includes sexual harassment and domestic violence.

Intersectionality

An approach that recognizes that people hold multiple social identities (for example, gender, sexual orientation, immigration status, age) that may overlap in ways that combine to create added or compounded discrimination and disadvantages for individuals or groups.

Immigrant Worker

A worker in Canada who is a permanent resident (also called a landed immigrant) and has been granted the right to live in Canada permanently by immigration authorities.²²

Intimate Partner Violence

Any harmful behaviour by a current or former partner or spouse, including physical, sexual, emotional, psychological, financial, or digital abuse. It can involve threats, coercive control, stalking, harassment, reproductive coercion, or digital violence.¹⁶ Also used interchangeably with Domestic Violence. See also: Domestic Violence.

2SLGBTQI+

An acronym that refers to Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex, and other sexually and gender diverse people.²³

Marginalized Worker

A worker who is pushed to the edges of workplace participation because of systemic barriers that limit access to opportunities, decision-making, protections, or supports. Marginalization can result from overlapping identity factors (for example, gender, race, disability, immigration status, sexual orientation) and organizational practices that concentrate power and resources away from certain groups. In workplaces, marginalized workers may have fewer chances to advance, less influence over decisions, and reduced access to safe reporting and support pathways, even when formal policies exist.

Migrant Worker

A person from another country who is allowed to work in Canada for a limited time through a federal temporary work program (also referred to as, Temporary Foreign Worker).

New Canadian

A person who has lived in Canada for less than five years and is legally entitled to work. This includes people who have recently become Canadian citizens, permanent residents, or temporary residents who hold valid authorization to work in Canada (such as a work permit or other legal work authorization).

Occupational Health and Safety Act

The Occupational Health and Safety Act (“OHSA” or “the Act”) is Ontario’s legislation for workplace health and safety.²¹

Reporting

A formal notice to the employer under the workplace harassment and violence prevention program or policy that an incident or concern has occurred. Reporting must follow defined steps and timelines and should provide safe, confidential, and accessible avenues, separate from direct supervisors where appropriate, with clear information about investigation, outcomes, and protection from reprisal. See also: Disclosure.

Sexual Violence

Any sexual act or act targeting a person’s sexuality, gender identity or gender expression, whether the act is physical or psychological in nature, that is committed, threatened or attempted against a person without the person’s consent, and includes sexual assault, sexual harassment, stalking, indecent exposure, voyeurism, and sexual exploitation.²⁴

Supervisor

A person who has charge of a workplace or authority over a worker.²¹

Technology-Facilitated Harm and Violence (TFHV)

The use of digital tools or technologies (for example, online platforms, devices, apps, or communication channels) to cause harm or violence to a person. This includes behaviours such as harassment, threats, bullying, assault, intimidation, monitoring, stalking, impersonation, extortion, coercion, social exclusion, or the nonconsensual creation or sharing of images or information. These actions may affect someone’s privacy, dignity, reputation, wellbeing, or safety, whether occurring in virtual spaces or connected to in-person interactions.²⁵

Trade Union

Means a trade union as defined in the Labour Relations Act, 1995 that has the status of exclusive bargaining agent under that Act in respect of any bargaining unit or units in a workplace and includes an organization representing workers or persons to whom this Act applies where such organization has exclusive bargaining rights under any other Act in respect of such workers or persons institution.²¹

Trauma- and Violence-Informed Care (TVIC)

An approach that recognizes the links between trauma, violence, and people’s health and behaviour. It acknowledges that many people experience ongoing violence, including interpersonal, structural, and institutional violence, and that services must reduce harm by creating safe, respectful, and equitable environments. TVIC emphasizes understanding trauma and violence, promoting safety, supporting choice

and collaboration, and building on people's strengths rather than requiring them to disclose or retell traumatic experiences.²⁵

Union

See also: *Trade Union*.

Worker

Any of the following, but does not include an inmate of a correctional institution or like institution or facility who participates inside the institution or facility in a work project or rehabilitation program:

1. A person who performs work or supplies services for monetary compensation.
2. A secondary school student who performs work or supplies services for no monetary compensation under a work experience program authorized by the school board that operates the school in which the student is enrolled.
3. A person who performs work or supplies services for no monetary compensation under a program approved by a college of applied arts and technology, university, career college or other post-secondary institution.²¹

Workplace

Any land, premises, location or thing at, upon, in or near which a worker works.²¹

Workplace Harassment

- a) Engaging in a course of vexatious comment or conduct against a worker in a workplace, including virtually through the use of information and communications technology, that is known or ought reasonably to be known to be unwelcome, or
- b) workplace sexual harassment.²¹

Workplace Sexual Harassment

- a) Engaging in a course of vexatious comment or conduct against a worker in a workplace, including virtually through the use of information and communications technology, because of sex, sexual orientation, gender identity or gender expression, where the course of comment or conduct is known or ought reasonably to be known to be unwelcome, or
- b) making a sexual solicitation or advance where the person making the solicitation or advance is in a position to confer, grant or deny a benefit or advancement to the worker and the person knows or ought reasonably to know that the solicitation or advance is unwelcome.²¹

Workplace Violence

- a) The exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker;

- b) an attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker, or;
- c) a statement or behaviour that it is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker.

10. APPENDIX B: EVIDENCE TABLE

Theme	Employer Survey	Employer Focus Groups	Worker Survey	Jurisdictional Scan	Scoping Review
GBV affects workplace safety and responses need to fit context	<ul style="list-style-type: none"> 85% of employers say GBV is a workplace issue; 71% report impacts on productivity and culture. Public safety employers report higher TFHV (69%) and sexual harassment (63%) than other sectors. Smaller workplaces are less likely to have GBV (62%) and TFHV (62%) policies. Nonunionized workplaces have monitoring gaps 	<ul style="list-style-type: none"> Employers adjust policies to address threats from intimate partners: <i>“We had to modify the policy to capture what to do in those situations. (Healthcare employer)”</i> Employers use case-by-case planning when external harassment and privacy limits reduce workplace control: <i>“There was a spouse that came and harassed workers... we’re limited once the person leaves the workplace... so we try to come up with</i> 	<ul style="list-style-type: none"> 69% of workers say that GBV affects workers in their workplace. 22% of workers witnessed GBV in the past 12 months; 27% heard about GBV in the same period. 48% of workers report their workplace have accommodations for workers affected by GBV (e.g., flexible hours, modified duties). Supports include personalized safety planning (51%), workplace accommodations (48%), trauma-informed HR 	<ul style="list-style-type: none"> OHS frameworks across Canada include harassment and violence provisions; some explicitly reference sexual and domestic violence.^{26,27} Canadian practice resources and BC toolkits emphasize TVIC, intersectional approaches and worker participation (e.g., federal <i>Respect at Work</i>, Women and Gender Equality Canada (WAGE)supported Practice Standard, WorkSafe BC/Ending Violence 	<ul style="list-style-type: none"> Healthcare settings show widespread gendered harassment; one study found that 55% of nurses had experienced verbal sexual harassment and 11% reported sexual assault in their workplace over the last year.³¹ Emergency department studies show that 60–90% of workplace violence incidents against healthcare workers are perpetrated by patients or visitors.³² Education workers face high levels of

Theme	Employer Survey	Employer Focus Groups	Worker Survey	Jurisdictional Scan	Scoping Review
	<p>(e.g., worker feedback 74%, post investigation outcomes 68%).</p> <ul style="list-style-type: none"> 69% of workers say GBV affects workers in their workplace. 85% of employers reported that women have greater support needs for GBV-related programs, 81% reported this for racialized workers, and 81% for new Canadians. 	<p><i>a plan (Healthcare employer)."</i></p> <ul style="list-style-type: none"> Employers implement individualized safety plans to address specific risks: <i>"We try to put in place an individualized safety plan... because the needs vary from person to person. (Healthcare employer)"</i> Employers apply tailored prevention measures, including modified schedules, buddy systems, enhanced monitoring, and escalation to police or community partners. Employers recognize intersectional risk: 	<p>approaches (33%), GBV training for all staff (33%), specialized training for supervisors / HR / leadership (33%), code of conduct referencing GBV (30%), partnerships with community-based GBV services (24%).</p>	<p>Association (EVA) of BC toolkits, Centre for Research and Education on Violence Against Women and Children (CREVAWC)).</p> <ul style="list-style-type: none"> Mining and Oil, Gas, and Mineral (OGM) toolkits include risk assessments, personal safety planning, codes of conduct, grievance processes, and monitoring tailored to high-risk environments.²⁸⁻³⁰ 	<p>aggression: 54% have experienced physical violence, 72% have experienced verbal violence and harassment.³³</p> <ul style="list-style-type: none">

Theme	Employer Survey	Employer Focus Groups	Worker Survey	Jurisdictional Scan	Scoping Review
		<p><i>“If I’m a woman who is disabled... or racialized and queer... that adds to the spectrum of impacts. (Government worker)”</i></p>			
<p>Policies exist, but implementation lags</p>	<ul style="list-style-type: none"> 93% of employers endorse implementing formal GBV policies; 80% have GBV-specific policies; 83% have harassment/violence policies. 53% reported sexual harassment in the past 12 months; 61% reported TFHV. 45% of employers 	<ul style="list-style-type: none"> Policies remain <i>“in the background and not talked about” (Government employer).</i> Policies are difficult to carry out due to privacy constraints: <i>“The most challenging thing is how to protect this person’s privacy while putting in place a plan to keep them safe. (Healthcare employer)”</i> Policies require reactive changes because they do 	<ul style="list-style-type: none"> 41% of workers say their workplace has GBV-specific safety measures; 25% say their workplace has a code of conduct referencing GBV; 28% say their workplace has monitoring systems for high-risk situations. 80% of workers report that their workplace has a workplace harassment policy, and 71% have a sexual harassment policy. 	<ul style="list-style-type: none"> Most provinces and territories offer domestic or sexual violence leave, but provisions differ in scope, paid days, and qualifying periods.³⁴ Sector-specific GBV resources exist, but implementation, uptake, and evaluation vary across jurisdictions.³⁴ 	<ul style="list-style-type: none"> Administrators have minimized violence by contributing to persistent under response.³⁵ A provincial report found that <i>“...actions taken to address systemic discrimination and harassment are frequently limited to single facets of complex situations and so are incomplete and inadequate.”</i>³⁶

Theme	Employer Survey	Employer Focus Groups	Worker Survey	Jurisdictional Scan	Scoping Review
	<p>identify reporting barriers (fear, stigma, confidentiality).</p> <ul style="list-style-type: none"> Smaller and non-unionized workplaces have fewer policies and weaker monitoring (e.g., GBV policies: 62% in small workplaces; tracking outcomes: 68% in non-unionized). 	<p>not fully address real situations: <i>“We recently experienced a situation where one of our employees has been experiencing GBV... from their partner... showing up and making threats... We had to modify the policy to capture what to do in those situations. (Healthcare employer)”</i></p> <ul style="list-style-type: none"> Policies exist but are not communicated or operationalized effectively: <i>“We have this gender-based violence policy, but it is in the background and not talked about... it’s not getting</i> 	<ul style="list-style-type: none"> 55% of workers say leadership publicly supports zero tolerance; only 35% believe leadership actions align. 48% of workers observe uneven accountability, with outcomes differing by seniority or union status. 46% are not sure who enforces GBV policies. 18-36% are not sure about whether key supports (e.g., training, safety planning, trauma-informed responses) exist. 		<ul style="list-style-type: none"> Workers describe investigation processes as legalistic and lacking transparency undermining trust.³⁷

Theme	Employer Survey	Employer Focus Groups	Worker Survey	Jurisdictional Scan	Scoping Review
		<p><i>translated from the top to resonate with people. (Government employer)”</i></p> <ul style="list-style-type: none"> • Policy protections are perceived as unsafe to use: <i>“People hardly report it because they are afraid they will lose their job if they report. (Healthcare employer)”</i> • Training meets policy requirements but fails to support protection when needed: <i>“Adequate training means you come online, you do a certificate... but [where] we really have a problem is protection when someone reports.</i> 			

Theme	Employer Survey	Employer Focus Groups	Worker Survey	Jurisdictional Scan	Scoping Review
		<i>(Healthcare employer)</i>			
Risk assessment is inconsistent and reactive	<ul style="list-style-type: none"> 74% of employers assessed sexual harassment in the past 3 years; 64% assessed DV; 62% assessed IPV. Unionized workplaces are more likely to complete all types of GBV risk assessments. Smaller organizations are less likely to complete comprehensive assessments, especially for IPV. Healthcare integrates GBV into general workplace 	<ul style="list-style-type: none"> Large employers use formal complaint driven risk assessment systems that are reactive: <i>“Our focus is kind of reactive... Somebody has to actually submit something, then there’s the reaction. (Government employer)”</i> For large employers, risk assessment is dominated by legislative compliance. High status internal perpetrators often under-recognized in risk assessment. For smaller organizations, intersectionality is 	<ul style="list-style-type: none"> 65% of workers report that their workplace tracks workplace risk factors. 30% of workers report the use of monitoring systems for high-risk situations. 67% of workers say their workplace made safety-related changes to the physical environment to prevent and respond to GBV. 31% of workers report they have access to GBV-related safety planning. 	<ul style="list-style-type: none"> Sector toolkits (mining/International Finance Corporation OGM) provide structured risk assessments and monitoring methods.^{28,30} 	<ul style="list-style-type: none"> Sexual assault has been mislabeled as harassment, failing to trigger required violence risk procedures.⁴ IPV spillover is significant but under recognized; although many saw warning signs, only approximately 10% had direct knowledge, underscoring disclosure issues.³⁸ Federal government departments conduct risk assessments that explicitly consider telework isolation

Theme	Employer Survey	Employer Focus Groups	Worker Survey	Jurisdictional Scan	Scoping Review
	<p>violence assessments more often (80%) than government (73%).</p> <ul style="list-style-type: none"> 82% of employers track sexual harassment complaints; 79% track monitoring of high-risk contexts. 	<p>central to risk; frontline and client-facing workers face greatest exposure.</p> <ul style="list-style-type: none"> Smaller employers rely on flexible, individualized strategies, while larger employers rely on standardized frameworks. Employers vary risk assessment case-by-case and adapt plans to worker context and available protections: <i>“We ask the person what... safety measures... they have in place and then we look at how we can complete it... sometimes we involve family members...”</i> 			<p>and virtual communications risk.^{15,39}</p>

Theme	Employer Survey	Employer Focus Groups	Worker Survey	Jurisdictional Scan	Scoping Review
		<i>sometimes we get the police involved... it depends on the risk. (Healthcare employer)"</i>			
Reporting systems fail due to fear and unclear processes	<ul style="list-style-type: none"> 45% report barriers to reporting due to stigma, fear, guilt, or intimidation. 13% report major barriers <i>"impossible to overcome"</i> and 32% report significant barriers <i>"difficult to overcome"</i> when seeking support or reporting GBV. 30% cite no safe or anonymous reporting mechanisms. 	<ul style="list-style-type: none"> Staff lack clarity about what happens after a report, who controls the process, and what protections apply. Smaller workplaces face situational, capacity limited reporting, with confidentiality challenges in closeknit settings: <i>"The most challenging thing is how to protect this person's privacy while putting in place a plan to keep them safe."</i> 	<ul style="list-style-type: none"> 38% of workers are unclear about the reporting process. 58% fear retaliation for reporting. 58% distrust leadership or HR. 29% of workers are unsure whether reporting procedures exist at all. 53% of workers believe nothing will change if they report. 34% of workers cite confidentiality concerns. 47% of workers fear of not being believed. 	<ul style="list-style-type: none"> Newcomers encounter multiple barriers when accessing GBV supports, including immigration status, language access, and fear of retaliation.^{5,6} Publicly available monitoring and evaluation data is very limited and not disaggregated, making it difficult to assess whether policies protect marginalized groups.¹⁰ 	<ul style="list-style-type: none"> In a study, 12% of workers didn't file a harassment complaint after an incident because they <i>"did not know what to do, where to go, or whom to ask"</i>.¹⁵ In one federal department, 45% of employees witnessed or experienced harassment, but only 8% formally reported it.¹⁵ Newcomer and migrant women with precarious status often avoid reporting; some

Theme	Employer Survey	Employer Focus Groups	Worker Survey	Jurisdictional Scan	Scoping Review
	<ul style="list-style-type: none"> 26% cite no formal reporting or follow-up processes. 	<p><i>(Healthcare employer)</i></p> <ul style="list-style-type: none"> Fear of retaliation and power dynamics undermine reporting, even where formal structures exist. Job insecurity and unclear steps suppress disclosure across sectors. 	<ul style="list-style-type: none"> 37% of workers believe their workplace has formal policies or practices in place around outcomes and follow-up actions after GBV-related investigations. 		<p>endure harassment to protect employment or immigration status, with added barriers from language and cultural factors.^{18,40}</p>
<p>Technology-Facilitated Harm and Violence (TFHV) is rising, and policies and training must catch up</p>	<ul style="list-style-type: none"> 61% report incidents of harassment or abuse facilitated through technology. 69% of public safety employers report TFHV, higher than other sectors. 44% identify the shift of harassment and abuse to digital 	<ul style="list-style-type: none"> GBV increasingly technology-mediated (i.e., online harassment, cyberstalking, misuse of workplace technologies): <i>“GBV is now moving from in-person... and now it’s moving online, and it’s moving rapidly.”</i> Existing policies and legislation are 	<ul style="list-style-type: none"> 46% of workers say that their workplace has a TFHV policy or programs. 39% of workers have personally witnessed TFHV at work within the past 12 months. 39% have personally heard about TFHV at work within the past 12 months. 	<ul style="list-style-type: none"> Available workplace GBV tools are mostly templates, eLearning, checklists, and investigation forms; public materials rarely mention data dashboards, online reporting portals, or privacy preserving analytics.²⁸⁻³⁰ Public documentation shows little 	<ul style="list-style-type: none"> Remote work has moved some harassment online. Surveys show many workers receive unwanted sexual messages while working from home.¹¹ TFHV is harder to detect and often happens outside employer-controlled

Theme	Employer Survey	Employer Focus Groups	Worker Survey	Jurisdictional Scan	Scoping Review
	<p>platforms as an emerging issue.</p> <ul style="list-style-type: none"> 78% have policies on technology-facilitated harassment and violence, dropping to 62% in small workplaces. 	<p>not keeping pace with TFHV.</p> <ul style="list-style-type: none"> Smaller employers say cases are getting harder because work issues now mix with family, stalking, and online harassment, and current policies don't cover this. Smaller employers struggle with privacy restrictions and jurisdictional limits when GBV extends beyond physical workplaces into digital spaces: <i>"Once the person leaves the workplace, there's very limited control... and very limited information we can share because of privacy."</i> 	<ul style="list-style-type: none"> 33% of workers say that their workplace has training for all staff on how to respond to GBV; 39% of workers say that they have no training available. 	<p>evidence of secure ereporting systems, privacy preserving analytics, or integrated referral platforms being used in this space.²⁸⁻³⁰</p>	<p>platforms, making it challenging for organizations to monitor and respond.¹²</p> <ul style="list-style-type: none"> When harassment reaches workers at home through personal devices, many feel trapped and unable to escape.¹¹

Theme	Employer Survey	Employer Focus Groups	Worker Survey	Jurisdictional Scan	Scoping Review
		<p><i>(Healthcare employer)</i></p> <ul style="list-style-type: none"> Large employers lack clear guidance on how to respond to AI-related harassment due to unclear regulatory rules: <i>“It’s very difficult when there aren’t clear regulatory guidelines that indicate what an employee should do... when it comes to AI. (Healthcare Employer)”</i> 			
Marginalized workers face greater risk and fewer supports	<ul style="list-style-type: none"> 85% of employers report greater support needs among women, 81% among racialized workers, and 81% among new Canadians. 	<ul style="list-style-type: none"> Intersectionality amplifies vulnerability: <i>“If I’m a woman who is disabled... or racialized and queer... that adds to the spectrum of impacts.”</i> 	<ul style="list-style-type: none"> 28% of workers say culturally appropriate supports are available (e.g., Indigenous Elders, racialized counsellors). 25% of workers report access to 	<ul style="list-style-type: none"> Newcomer visibility within workplace policies is limited; barriers include immigration status, language access, and fear of retaliation.^{41,42} Gaps remain, particularly for 	<ul style="list-style-type: none"> Immigrant women report harassment less often, but this hides barriers. Some endure abuse to keep jobs or maintain immigration status.¹⁸

Theme	Employer Survey	Employer Focus Groups	Worker Survey	Jurisdictional Scan	Scoping Review
	<ul style="list-style-type: none"> Targeted outreach for 2SLGBTQI+ workers and multilingual reporting or training options are among the least available supports. Cultural norms and workplace climate can discourage marginalized workers from reporting. 31% of employers offer referrals to culturally specific or identity affirming services. 31% report access to culturally specific or identity 	<p><i>(Government employer)</i></p> <ul style="list-style-type: none"> Supports in smaller organizations are highly individualized and relationship-based, with direct collaboration among supervisors, HR, external partners. Flexibility introduces inconsistency and reliance on managerial discretion: This flexibility was viewed as a strength but also introduced inconsistency and reliance on managerial discretion. 	<p>culturally specific or identity affirming referrals (e.g., Indigenous, 2SLGBTQI+, newcomer services) for those experiencing GBV.</p> <ul style="list-style-type: none"> 44% report gender-inclusive language in policies, training, communications. 34% of workers say their workplace has accommodations for workers with disabilities (e.g., trauma-informed accessibility supports). 0% of workers say that their workplace has multilingual options for training or reporting. 19% report targeted outreach or support 	<p>newcomers and migrant workers, with few examples of status-aware leave, trusted reporting pathways, or funded interpretation.⁷⁻⁹</p> <ul style="list-style-type: none"> Lack of disaggregated monitoring and evaluation data (e.g., by immigration status, race, gender identity, disability) limits assessment of policy reach.¹⁰ 	<ul style="list-style-type: none"> Rural fire service workers say tight “family” culture and rigid chains of command silence complaints.⁴³ Indigenous women report harassment tied to colonial stereotypes, including “squaw”-based slurs. 43% of Indigenous women, 35% of racialized women, and 34% of immigrant women; 76% reporting such experiences, and among women with disabilities, 58% have been harassed or

Theme	Employer Survey	Employer Focus Groups	Worker Survey	Jurisdictional Scan	Scoping Review
	<p>affirming referrals for workers affected by GBV.</p> <ul style="list-style-type: none"> • Small and non-unionized workplaces—where marginalized workers are often overrepresented—have major policy and monitoring gaps. • 38% report anti-racism or intersectionality frameworks, and 35% report policies for rural or remote workers, both lower than many other supports. 		<p>for 2SLGBTQI+ workers.</p> <ul style="list-style-type: none"> • 9% report that their workplace has supports for workers in rural / remote / isolated roles. • 34% of workers cite access to anti-racism supports. • 22% of workers cite a lack of culturally appropriate or identity affirming supports as a barrier to reporting GBV. 		<p>sexually assaulted at work.¹⁷</p>
Training exists, but quality and accountability	<ul style="list-style-type: none"> • 82–84% provide GBV-related training (e.g., disclosure 	<ul style="list-style-type: none"> • Passive e-learning is ineffective. • Scenario-based training is more 	<ul style="list-style-type: none"> • 36% of workers have receive training related to GBV. 	<ul style="list-style-type: none"> • Federal guidance requires prevention training and survivor-centred 	<ul style="list-style-type: none"> • Many harassment training programs emphasize legal

Theme	Employer Survey	Employer Focus Groups	Worker Survey	Jurisdictional Scan	Scoping Review
determine impact	<p>support, sexual harassment prevention, trauma-informed practices, legal duties), but key topics such as gender diversity (34%) and intersectionality (36%) are covered less often.</p> <ul style="list-style-type: none"> • Training reaches supervisors/managers (68%), HR/OHS staff (66%), and frontline workers (64%), but participation is lower in sectors like public safety and government. • Government (30%), public safety (27%), and healthcare 	<p>engaging and effective.</p> <ul style="list-style-type: none"> • Compliance-driven training does not translate into practical protection: <i>“Adequate training means you come online, you do a certificate on gender-based violence... but [where] we really have a problem is protection when someone reports. (Healthcare employer)”</i> • Training is procedural and lacks visibility or emphasis on GBV. • Systemic gaps in training impact across employer sizes. 	<ul style="list-style-type: none"> • 67% rated the training as effective. • Approximately 49% agree that GBV negatively impacts their workplace culture. • 41% rate training as comprehensive /trauma-informed; 33% report no training in past two years; frontline coverage lags managers/HR. • Leadership / supervisory staff most likely to receive GBV training (47-53%). • Training is most often one-time (37%) or annual (28%). • 27% of workers say the training they received was effective in 	<p>processes; a department level audit at the Canada Border Services Agency found gaps in training, communication, and monitoring, which shows uneven uptake in practice.^{15,34}</p> <ul style="list-style-type: none"> • The Ontario Public Service mandates annual harassment training and includes Indigenous cultural-safety modules, but published evaluations of training outcomes are limited.⁴⁴⁻⁴⁶ • Updated guidance highlights virtual / online harassment and recommends regular, interactive, 	<p>compliance over prevention.¹⁴</p> <ul style="list-style-type: none"> • Mandatory public-sector training is often viewed as irrelevant and inconsistent in quality.⁴⁷

Theme	Employer Survey	Employer Focus Groups	Worker Survey	Jurisdictional Scan	Scoping Review
	<p>(23%) rely more on one-time training sessions, while education is more likely to provide recurring training.</p> <ul style="list-style-type: none"> • 57% of government workplaces provide recurring training, compared to 71% in education. • 36% cite insufficient training or awareness as a barrier to supporting workers experiencing GBV. • Frontline worker training reaches 64% in healthcare, 49% 		<p>increasing their knowledge, confidence, and ability to recognize, prevent, and respond to GBV in the workplace; 40% report the training was <i>somewhat effective</i>.</p> <ul style="list-style-type: none"> • Approximately 20% report the training was <i>not very effective</i> or <i>not effective at all</i>. 	<p>role tailored training.^{12,14}</p>	

Theme	Employer Survey	Employer Focus Groups	Worker Survey	Jurisdictional Scan	Scoping Review
	<p>in public safety, 61% in education, and 51% in government.</p> <ul style="list-style-type: none"> • Training on gender diversity and 2SLGBTQI+ topics is less common. 				
Limited Capacity Undermines Prevention	<ul style="list-style-type: none"> • 69% of small workplaces have workplace harassment policies; 62% have GBV policies; 62% have technology-facilitated-violence policies. • 79% of nonunionized workplaces track sexual harassment complaints, 68% track DV complaints, and 	<ul style="list-style-type: none"> • Policies are adapted reactively because of limited HR capacity: <i>“We actually had to modify [our policy] a little bit to try and capture what to do in those situations... if it was two workers doing it to each other, that’s a different thing, but it becomes a little bit complicated in this situation. (Healthcare employer)”</i> 	<ul style="list-style-type: none"> • 50% of workers report their workplace’s performance providing GBV policies or programs as 7 or higher out of 10 (10 = excellent performance). • 41% of workers identify a lack of in-house expertise to respond to GBV. • 24% report partnerships with community GBV services. 	<ul style="list-style-type: none"> • Managers and HR/OHS staff often lack skills to recognize early warning signs, respond trauma-informed, and address digital harassment leaving prevention ineffective.³⁶ • Despite mandatory training, many managers still misunderstand legal obligations under harassment and diversity policies, 	<ul style="list-style-type: none"> • Unions stress that managers need training in trauma-informed approaches to prevent unintentionally harming survivors. • An internal audit found major shortcomings in prevention efforts; 77% of respondents said there were gaps in current measures.¹⁵

Theme	Employer Survey	Employer Focus Groups	Worker Survey	Jurisdictional Scan	Scoping Review
	<p>70% track training uptake.</p> <ul style="list-style-type: none"> • Small workplaces report 24% IPV incidents and 31% DV incidents. • 36% cite lack of internal expertise as a barrier to supporting workers experiencing GBV. 	<ul style="list-style-type: none"> • Reactive policy changes highlight lack of formal GBV infrastructure. • Smaller workplaces lack HR resources and rely on reactive measures. • Smaller employers embed GBV in partnerships rather than dedicated internal programs: <i>“It’s not our top priority... but we are actively working... with community partners... We’re very actively involved in a coalition to eliminate violence towards women. (Healthcare employer)”</i> • Smaller employers have policies in place but not 	<ul style="list-style-type: none"> • 28% of workers say their workplace has culturally appropriate supports. 	<p>limiting prevention impact.³⁶</p> <ul style="list-style-type: none"> • Budget and procurement barriers prevent organizations from adopting effective prevention tools like interactive training and secure reporting systems.³⁶ 	

Theme	Employer Survey	Employer Focus Groups	Worker Survey	Jurisdictional Scan	Scoping Review
		<p>consistently applied due to limited capacity.</p> <ul style="list-style-type: none"> • Smaller organizations improvise prevention strategies rather than being systematic. • Financial constraints limit proactive GBV prevention and training: <i>“Cost is always at the forefront... Every time we want to change training or policies, the question is what will it cost. (Healthcare employer)”</i> 			

11. APPENDIX C: TOOLKIT DEVELOPMENT FRAMEWORK

This appendix outlines initial concepts for tools that may be included in the forthcoming GBV Prevention Toolkit. These concepts are based on the evidence gaps identified across the scoping review, jurisdictional scan, surveys, and focus groups.

Titles, formats, and detailed content are not yet final and will be shaped during PSHSA’s toolkit development phase.

Each proposed tool concept is intended to:

- Address one or more documented barriers.
- Support practical implementation in diverse public sector settings.
- Incorporate trauma- and violence-informed care principles.
- Allow adaptation to workplace size, capacity, and role.

Concept (Working Idea)	Intended Users	Purpose / When to Use	Evidence Gaps Addressed
What GBV Is in the Workplace (Primer)	Workers Supervisors OHS JHSC	To build foundational understanding of GBV in workplaces, including what it looks like, how it shows up in daily interactions, TFHV, intersectional risk factors, and impacts on safety and culture. May include scenario-based micro-modules, visual examples, and plain-language explainers.	GBV affects workplace safety Reporting systems fail due to uncertainty and fear Training exists but varies in quality TFHV is rising and overlooked Limited capacity undermines consistent implementation Marginalized workers face greater risk and fewer supports

Concept (Working Idea)	Intended Users	Purpose / When to Use	Evidence Gaps Addressed
Supervisor Response Guidance	Supervisors HR OHS JHSC	To guide supervisors in consistent, TVIC responses to disclosures, including documentation, safety planning, privacy requirements, and next steps in reporting pathways.	<p>Policies exist but implementation lags</p> <p>Risk assessment is inconsistent and reactive</p> <p>Reporting systems fail due to unclear steps and fear</p> <p>Limited capacity undermines prevention</p> <p>Marginalized workers face added barriers</p>
Navigation for Leave and Financial Supports	Workers Supervisors HR OHS	To help workers understand their rights and available supports related to GBV leave, safety accommodations, financial supports, and how to access them.	<p>Policies exist but are not communicated or applied consistently</p> <p>Supports for marginalized workers are limited</p> <p>Workers report confusion about available supports and entitlements</p>

Disclaimer:

All toolkit elements described in this appendix are preliminary concepts. Final tools will be developed and validated through PSHSA's design process and may differ in name, format, and content.

PRODUCT CODE: OWVRPAEN0326



PSHSA.ca Public Services Health
& Safety Association